FORM D

JUL 1 0 2002

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

POTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AF	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated ave	rage burden
hours per resp	onse 16.00

1178262

SEC USE ONLY								
Prefix	Serial							
	_ 1							
DATE RECEIVED								
1	1							

Name of Offering (check if this is an amenda Archibald Bros. Fine Beverages, Inc	nent and name has changed, and indicate change.)	
	lle 504	ULOE
	A. BASIC IDENTIFICATION DATA	1881 1188 11181 18810 2018 18828 11188 11811 81188 11181
1. Enter the information requested about the issue	r	
Name of Issuer (check if this is an amendment Archibald Bros. Fine Beverages, Inc.	5 ,	02048480
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
126 N. Woodland Boulevard, Suite B,		(386) 822-4000
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) Same	Telephone Number (Including Area Code) Same
Brief Description of Business	· · · · · · · · · · · · · · · · · · ·	
Development, sales and marketing of to the food service industry.	frozen, pre-packaged ice cream, dair	y products and other confections
	d partnership, already formed other (p	lease specify): PROCES:
	Month Year zation: 0 4 9 4 X Actual Estin two-letter U.S. Postal Service abbreviation for State: for Canada; FN for other foreign jurisdiction)	···
		- FINANCIAL -

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2 Establish Sand	and for the Call		ENTIFICATION DATA		
2. Enter the information req		=	ithin the most five vector		
		uer has been organized wi	•	of 108/	Sandana Galaria
		• •	•	-	a class of equity securities of the issue
		<u>-</u>	t corporate general and t	nanaging partners	of partnership issuers; and
Each general and r	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Miller, Eric R.	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
126 N. Woodland Boul	levard, Suite	B, DeLand, FL 32	720		
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)		···		
Miller, Jerilyn B.					
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Co	de)		-
126 N. Woodland Boul	levard, Suite	B, DeLand, FL 32	720		
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			·	
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Co	de)		
126 N. Woodland Boul	levard, Suite	B, DeLand, FL 32	720		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i					
The J. M. Smucker Co					
Business or Residence Addre		Street, City, State, Zip Co	de)		
One Strawberry Lane,	Orville, OH	44667			
Check Box(es) that Apply:	Promoter	R Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Lee-Moore Oil Compan					
Business or Residence Address 1807 Douglas Drive,	•	Street, City, State, Zip Co. 27331	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Easton Hunt Capital	Partners, L.F				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co.	de)		
641 Lexington Avenue	, 21st Floor,	New York, NY 100	022		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			·····	
Meyer, Edward					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)
240 Crandon Boulevard, Suite 220, Key Biscayne, FL 33149

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner **Executive Officer** X Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Garcia, Francisco Business or Residence Address (Number and Street, City, State, Zip Code) 240 Crandon Boulevard, Suite 220, Key Biscayne, FL Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner **Executive Officer** Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

	B. INFORMATION ABOUT OFFERING									·			
1.	Has th	ne issuer so	old, or does	s the issuer	intend to	sell, to nor	n-accredite	d investors	s in this of	fering?		Yes	No x
						in Appendi				-			ıx.ı
2.	What i	is the mini	mum inves	stment that	will be ac	cepted from	n any indi	vidual?		••••••		\$ N,	/A
3 .	Does the offering permit joint ownership of a single unit?									Yes	No		
J. 4.		_	-		-	_						_	
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									ŗ. e			
Full	Name	(Last name	first, if inc	dividual)									
Bus	iness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
Nan	ne of As	ssociated B	roker or De	ealer									
Stat	es in W	hich Perso	n Listed Ha	as Solicited	or Intend	s to Solicit	Purchasers	3					
	(Check	"All State	s" or check	individual	States)	•••••••		••••••	,	•••••••	••••••	🗌 Al	l States
	AL	AK	AZ	AR	CA	co	CT	DE	DC	XRXX	GA	HI	ID
	MT	IN NE	IA NV	KS NH	KY	LA NM	ME	MD NC	MA ND	OH	OK	OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name first, if individual)													
ruil	rvanic (Dasi mane	11131, 11 1110	iiviuuai)									
		·	Address (1		d Street, C	City, State,	Zip Code)	 , <u></u> -					
Busi	ness or	Residence		Number and	d Street, C	City, State,	Zip Code)						· · · · · · · · · · · · · · · · · · ·
Busi Nam	ness or	Residence	Address (1	Number and								4	
Busi Nam State	ness or e of Ass	Residence sociated Branchich Person	Address (N	Number and saler	or Intends	to Solicit	Purchasers						I States
Busi Nam State	ness or e of Ass	Residence sociated Branchich Person	Address (Troker or De	Number and saler	or Intends	to Solicit	Purchasers		DC	[FL]	GA	A1	I States
Busi Nam State	ness or e of Ass es in Wh	Residence sociated Braich Person "All States	Address (Notes of Delication Listed Hairs' or check	Number and saler s Solicited individual AR KS	or Intends	to Solicit	Purchasers						
Busi Nam State	ness or e of Ass es in Wh (Check AL L MT	Residence sociated Braich Person "All States AK IN NE	Address (No. 1)	Number and saler s Solicited individual AR KS NH	or Intends States) CA KY NJ	co CO LA NM	Purchasers CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Busi Nam State	ness or e of Asses in Wh (Check AL L MT RI	Residence sociated Braich Person "All States AK IN NE SC	Address (Notes of De Listed Hars) or check	Number and saler s Solicited individual AR KS NH TN	or Intends States) CA KY	to Solicit	Purchasers CT ME	DE MD	DC MA	FL MI	GA MN	HI	ID MO
Busi Nam State	ness or e of Ass es in Wh (Check AL IL MT RI Name (I	Residence sociated Braich Person "All States AK IN NE SC Last name	Address (Note of December 1) Address (Note of	s Solicited individual AR KS NH TN	or Intends States) CA KY NJ TX	to Solicit CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Busi Nam State	ness or e of Ass es in Wh (Check AL IL MT RI Name (I	Residence sociated Braich Person "All States AK IN NE SC Last name	Address (Note of Deck Inc.) Address (Note of Deck Inc.)	s Solicited individual AR KS NH TN	or Intends States) CA KY NJ TX	to Solicit CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Busin State	e of Asses in Who (Check AL IL MT RI Name (I	Residence sociated Braich Person "All States AK NE SC Ast name:	Address (Note of December 1) Address (Note of	s Solicited individual AR KS NH TN vidual)	or Intends States) CA KY NJ TX	to Solicit CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Busi Nam State	e of Asserting in the second of the second o	Residence sociated Branch Person "All States AK IN NE SC Residence	Address (Notes of Decorption Address (Notes o	s Solicited individual AR KS NH TN rvidual)	or Intends States) CA KY NJ TX I Street, Ci	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Busin States	e of Assessin Who (Check AL IL MT RI Name (Interest of Assessin White)	Residence sociated Braich Person "All States AK IN NE SC Ast name: Residence	Address (Notes of Dea	Number and aler s Solicited individual AR KS NH TN vidual) fumber and aler	or Intends States) CA KY NJ TX I Street, Ci	CO LA NM UT ity, State, 2	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
Busin States (e of Asses in White Check "AL" Name (I mess or Fe of Asses in White Check "AL"	Residence sociated Braich Person "All States Residence cociated Braich Person "All States"	Address (Notes or Deal Listed Hases (Notes or Deal Listed	Number and saler s Solicited individual AR KS NH TN vidual) fumber and saler Solicited of individual	or Intends States) CA KY NJ TX I Street, Ci or Intends States)	CO LA NM UT to Solicit I	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Busin Name States	ness or e of Asses in Wh (Check AL IL MT RI Name (I	Residence sociated Braich Person "All States Residence cociated Braich Person "All States"	Address (Notes of Dear Listed Hases (Notes of Dear Listed	Number and aler S Solicited individual AR KS NH TN vidual) fumber and aler Solicited condividual	or Intends States) CA KY NJ TX I Street, Coor Intends States)	CO LA NM UT ity, State, 2	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k d	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	. \$	
	Equity	\$3,000,000	\$3,000,000
	Common R Preferred		
	Convertible Securities (including warrants)	. \$	<u> </u>
	Partnership Interests	. \$	
	Other (Specify)	\$	_ s
	Total	\$3,000,000	\$ 3,000,000
	Total	,145 common s ,838 preferre	hares exchanged for debt d shares exchanged for
2.		exchanged	d shares debt for common stock Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	1*	\$ 3,000,000
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	S	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<u> </u>
	Regulation A		<u> </u>
	Rule 504		\$
	Total		\$
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] s
	Printing and Engraving Costs		s
	Legal Fees	<u>X</u>	\$ 110,000
	Accounting Fees	<u>x</u>	\$ 5,000
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		<u> </u>
	Sales Commissions (specify finders' fees separately) Other Expenses (identify)finders' fees and closing fee		\$ 215,000

	C. OFFERING PRICE, NUMBER OF INVESTO	RS, EXPENSES AND USE OF PROC	EEDS	
	b. Enter the difference between the aggregate offering price given in r and total expenses furnished in response to Part C—Question 4.a. This proceeds to the issuer."	difference is the "adjusted gross		\$2,670,000.00
•	Indicate below the amount of the adjusted gross proceed to the issuer cach of the purposes shown. If the amount for any purpose is not knock the box to the left of the estimate. The total of the payments listed proceeds to the issuer set forth in response to Part C—Question 4.5	nown, furnish an estimate and d must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Sularies and fees		236,759.82	31,346.12
	Purchase of real estate			s
	Purchase, rental or leasing and installation of machinery and equipment			s
	Construction or leasing of plant buildings and facilities			s
	Acquisition of other businesses (including the value of securities in offering that may be used in exchange for the assets or securities of issuer pursuant to a merger)	another		Пs
	Repayment of indebtedness			•••
	Working supital	s		⊠ \$ 1,461,894.06
	Other (specify):			
				⊠s
	Column Totals		736,759,82	⊠ s 1.933.240.18
	Total Payments Listed (column totals added)			2,670,000.00
	D. FEDERAL S			
_	D. PEDERAL S	IONA LUNG		
ie	te issuer has duly caused this notice to be signed by the undersigned duly that the constitutes an undertaking by the issuer to furnish to the U.S. So information furnished by the issuer to any non-accredited investor particles.	curities and Exchange Commission	, upon writte	
55	sucr (Print or Type)	Date	^	July 2, 200
_	chibald Bros. Fine Beverages, Inc.		2, 2002 /	
la	ine of Signer (Print or Type) ic R. Millor ERIC 12. MILLER President	Print or Type) RECIDEN	7	J
2	President	1,1202,120,1	· · · · · · · · · · · · · · · · · · ·	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		e. State signa	TURE			
1.	is any party described in 17 CFR 230.262 proprovisions of such rule?			Yes	×°	
	See As	ppendix, Column 5, fo	r state response.			
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required	•	nistrator of any state in	which this notice is fi	led a not	ice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state ad	ministrators, upon writ	ton request, informat	ion fumi	shed by the
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the st of this exemption has the burden of establish	ate in which this notic	e is filed and understand			
	er has read this notification and knows the content thorized person.	nts to be true and has d	uly caused this notice to	be signed on its behal	f by the	undersigned
lssuer (Print or Type)	Signature		Date		
Archiba	id Bros. Fine Beverages, Inc.	1/K.W		July 2, 2002		
Name (Print or Type)	Title (Print or Type)			
Eric R. 1	MINOR ERIC K. MILLER	President				

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3 Type of security and aggregate				4				
	to non-a- investor	ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ							·		
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
ні									
ID						-			
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
МІ									
MN]
MS									

APPENDIX

1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No		
МО	<u></u>			ļ							
MT											
NE	·										
NV											
NH											
NJ											
NM											
NY		Х	Preferred Stock	1	\$3,000,000				X		
NC		х	Common Stock exchanged for deb	t 2	813,778 shares	915 , 477 Elektros			. 25		
ND											
ОН		х	Preferred Stock exchanged for deb and Common Stock	t 1	2,334,610 shares				Х		
OK											
OR											
PA				·							
RI				 							
sc											
SD											
TN			0		005 045						
TX		Х	Common Stock exchanged for deb	t 1	285,367 shares			i			
UT		-				.,					
VT											
VA											
WA		<u></u>	,								
wv							·				
WI				<u> </u>							

	A 150					
 P	PΙ	ויק	v	n	T	v

i		2	3	4				5 Disqualification		
	to non-a	i to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and irchased in State t C-Item 2)		under Sta (if yes, explan waiver	ate ULOE	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										